



Applicant Information

Applicant Name _____

Applicant Address _____

Phone _____ Contact Name _____

Applicant's Interest in Property (If applicant is not the property owner, the owner's authorization signature at the end of this form is required to process this request.) ☐ Property Owner ☐ Agent ☐ Contractor ☐ Tenant

Property Information

Business Name: _____ Chula Vista Business License #: _____

Commercial/Business Center Name (if applicable): _____

Business Location: _____ Zone Designation: _____

Assessor's Parcel Number: _____ Zone: _____

Lot Frontage: _____ Building Frontage: Facing Street: _____ Ft. / Facing Parking: _____ Ft.

Building Permit Information

Contractor Name: _____ Phone: _____ License #: _____

Contractor Address: _____ Chula Vista Business License #: _____

Sign Information

Please indicate sign copy, color and materials on plans and complete the section below. (Use another sheet if necessary.)

Type	Channel/Cabinet	Single/Double Side	Depth	Total Height	Total Length	Sq. Ft.	Illuminated	Sign Reads:

Types of signs: Wall, Monument, Pole, Canopy, Window, Projecting, Directional, Subdivision, Other

Authorization

Print applicant name: _____

Applicant Signature: _____ Date: _____

Print owner name: _____

Owner Signature: _____ Date: _____

STAFF USE ONLY

Requires Building Permit? ☐ Yes ☐ No Initials: _____ Permit #: _____
Filing Date: _____ By: _____ PSP#: _____ DRC#: _____